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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/879,433

06/12/2001

Robert J. Crowley

BSME124883

4101

26389 7590 06/25/2007

CHRISTENSEN, O'CONNOR, JOHNSON, KINDNESS, PLLC  
1420 FIFTH AVENUE  
SUITE 2800  
SEATTLE, WA 98101-2347

EXAMINER

SHAY, DAVID M

ART UNIT

PAPER NUMBER

3735

MAIL DATE

DELIVERY MODE

06/25/2007

PAPER

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APPLICATION NO./ CONTROL NO.	FILING DATE	FIRST NAMED INVENTOR / PATENT IN REEXAMINATION	ATTORNEY DOCKET NO.
09879433	6/12/2001	CROWLEY, ROBERT J.	BSC-009DV

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EXAMINER

david shay

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3735	6192007

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Commissioner for Patents

Request to Present Oral Arguments

The examiner requests the opportunity to present arguments at the oral hearing.

DAVID M. SHAY  
PRIMARY EXAMINER  
GROUP 330

PATENT NUMBER

100-443888-1000  
O.I.P.E.  
SCANNED 5/17/4 O.A. 5/17/4

**PATENT DATE**

SOANI

**Q.A.**

## APPLICANTS

**Mucosal ablation.**

**TITLE**

PTO-2040  
12/99

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The examiner requires the opportunity of presenting arguments at the oral hearing.

[illegible]

<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b> Sheets Drwg.      Figs. Drwg.      Print Fig.		<b>CLAIMS ALLOWED</b> Total Claims      Print Claim for O.G.	
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner)      (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent. No. _____	_____ (Primary Examiner)      (Date)		<b>ISSUE FEE</b>	
			Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner)      (Date)		<b>ISSUE BATCH NUMBER</b>	
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